38	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004												
ST	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	7 OF		R THAN L ENTITY
	T	OTAL CLAIM	S						RATE	FEE		RATE	FEE
AVAILABLE	FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 150.0	OP	BASIC FE	E 300.00
\geq	TOTAL CHARGEABLE CLAIMS			15 m	/5 minus 20=		•		X\$ 25:	=	OR	X\$50=	1
	INDEPENDENT CLAIMS			110	ninus 3 =	•			-X100=	-	OR	X200=	1
1	Μl	JLTIPLE DEPE	ENDENT CLAIM	PRESENT	IESENT				+180=		OR		
O	• 1	the difference	e in column 1 is	s less than a	ess than zero, enter "0" in column 2				TOTAL	-	OR	TOTAL	1
COPY	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY.	OR		R THAN ENTITY
)5	AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
7	Š	Total .	. 14	Minus	1.2	\supset		H	X\$ 25=	1	OR	X\$50=	
	ME	Independent	• /	Minus	** 3		=	H	X100=	‡		X200≡	
	٨	FIRST PRESENTATION OF MULTIPL			PLE DEPENDENT CLAIM					 -	OR	74200-	
					•				+180=		OR	+360=	
								A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
Ir		(Column 1) (Column 2) (Column 3											
	AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total	•	Minus	••		=		X\$ 25=		OR	X\$50=	
	AME	Independent	*	Minus	***	24 449.4			X100=		OR	X200=	
ľ	1	rins i Phese	NTATION OF MI	DETIPLE DE	PENDENI	JLAIM			+180=		OR	+360=	
	•								TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
			(Column 1)	(Column 3)				- •					
	CNUMENIC		CLAIMS REMAINING AFTER, AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total		Minus :	44		Ξ.	5	⟨\$ 25=		OR	X\$50=	
11 4	u I	Independent		Minus				-			-		

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** ADDIT. FEE OR ADDIT. TOTAL ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 10/04)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

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OR

OR

X200=

+360=

TOTAL ADDIT. FEE

X100=

+180=

TOTAL